

**FAITH FORMATION REGISTRATION  
WEDNESDAY NIGHT – 6:30 – 7:30 P.M.  
KINDERGARTEN thru GRADE 8  
2017 – 2018**

**REGISTRATIONS ARE DUE BY AUGUST 15, 2017 OR SOONER IF POSSIBLE**

MOTHER'S NAME/GUARDIAN \_\_\_\_\_  
 RELIGION \_\_\_\_\_ HOME CHURCH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ CITY/ZIP \_\_\_\_\_ CELL  
 PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? \_\_\_ Yes or \_\_\_ No  
 WORK PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? \_\_\_ Yes or \_\_\_ No  
 FATHER'S NAME/GUARDIAN \_\_\_\_\_  
 RELIGION \_\_\_\_\_ HOME CHURCH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ IS IT OK TO TEXT YOU? \_\_\_ Yes or \_\_\_ No  
 WORK PHONE \_\_\_\_\_

HAS YOUR CHILD/CHILDREN BEEN BAPTIZED? \_\_\_ Yes or \_\_\_ No

**REGISTRATION FEE: (payable to St. Paul Church)**  
**(for Wednesday P.M.) 1 child = \$40.00 2 children - \$40.00 + \$35.00**  
**3 children \$40.00 + \$35.00 + \$30.00**  
*(Your registration fee includes the following: \$20.00 textbook fee. The remaining \$20.00 includes supplies, utilities, teacher appreciation, postage, misc. This equals 66 cents per Wednesday.*

	<b><u>First and Last Name of Child/Children (for K thru Grade 8 only)</u></b>	<b><u>Grade</u></b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CHILD/CHILDREN RESIDE WITH:    FATHER    MOTHER    OTHER

HOUSEHOLD EMAIL ADDRESS \_\_\_\_\_

CAN YOU HELP?

I would like to substitute for a catechist: Yes \_\_\_ No \_\_\_ GRADE PREFERENCE \_\_\_

**PLEASE CHECK ONE BELOW**

\_\_\_\_\_ My payment is enclosed with registration form.  
 \_\_\_\_\_ My payment is not enclosed – please send me a reminder notice to pay.

**MAIL TO:        FAITH FORMATION OFFICE  
824 JEFFERSON STREET  
TELL CITY, IN 47586**

**IF YOUR CHILD/CHILDREN ARE NEW TO THE PROGRAM, PLEASE COMPLETE THE BACK SIDE OF THIS FORM. IF YOUR CHILD WAS IN THE PROGRAM LAST YEAR, ONLY COMPLETE THE BACK IF THERE ARE CHANGES SINCE THE LAST PROGRAM YEAR.**

**CENSUS INFORMATION**

**DATE:** \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**Contribution Envelope Number:** \_\_\_\_\_

**INDIVIDUAL INFORMATION**

<b>Your Name:</b>		<b>Spouse:</b>
Birthday		Birthday
Baptized Catholic? Yes ____ No ____		Baptized Catholic? Yes ____ No ____
If Married, Anniversary Date		
<b>Optional:</b>		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

**CHILDREN IN HOUSEHOLD:**

<b>Name of Child</b>	<b>Birthday</b>	<b>Baptism Date and Place</b>	<b>First Communion Date and Place</b>	<b>Confirmation Date and Place</b>

**SUBMIT**